

CLAIMS ONLY							Application Number <i>101736042</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total	<i>3</i>						Total					
Indep	<i>3</i>						Indep					
Total	<i>19</i>						Total					
Depend	<i>19</i>						Depend					
Total	<i>22</i>						Total					
Claims	<i>22</i>						Claims					